



**Input for the Department of Insurance on Essential Health Benefits  
August 16, 2012**

**Submitted on behalf of the Nebraska Academy of Nutrition and Dietetics  
by Heather Comstock, MS, RD, LMNT  
President, Nebraska Academy of Nutrition and Dietetics**

Good morning/afternoon. My name is Heather Comstock. I am a Registered Dietitian from Lincoln, Nebraska, and I am the President of the Nebraska Academy of Nutrition and Dietetics. I am speaking on behalf of over 600 Registered Dietitians who live and work in Nebraska. In Nebraska, Registered Dietitians are licensed as medical nutrition therapists (LMNT). We are the group of nutrition professionals in the state. We are committed to improving the health of the citizens of Nebraska by helping individuals make unique, positive lifestyle changes. However, not all citizens have access to medical nutrition therapy because these services are not covered by insurance companies except for diabetes and kidney disease.

As you struggle with the question of how to best meet the dual goals of balancing coverage with cost, I urge you to recognize the vital role nutrition plays in the long-term health and economic well-being of Nebraska. I urge you to recognize medical nutrition therapy (MNT) provided by Registered Dietitians in the essential health benefits package under preventive and wellness services and chronic disease management. Keeping a person with a chronic disease out of the hospital for one day covers the cost of 15 + visits with a Registered Dietitian. Most medical nutrition therapy protocols recommend far fewer visits. Keep in mind that over 60% of chronic disease results from poorly managed nutrition, exercise and lifestyle.

Without reimbursement for nutrition services, individuals do not have access to services provided by registered dietitians. The "Nutrition and You: Trends 2011" survey reveals that just over one in ten Americans are "very interested" in the services that dietitians provide. This number jumps to one in three for African-Americans a group that has higher rates of obesity and diabetes. This same survey notes that six in ten consumers say they would be interested in a consultation with a dietitian if it were covered by health insurance.

Medical nutrition therapy is a medical service that has been proven to be safe and medically effective, as evidenced by the Grade B rating assigned by the U.S. Preventive Services Task Force. The key to the effectiveness of these services is the Registered Dietitian as the provider. The Institute of Medicine has acknowledged the Registered Dietitian as the "single identifiable group of health-care professionals with standardized education, clinical training, continuing education and national credentialing requirements necessary" to be recognized as providers of these services.

Lack of access to medical nutrition therapy services has played a role in the escalating prevalence of obesity and the associated growth in costs of treatment. According to a report from the Robert Wood's Foundation, Nebraska ranks 24<sup>th</sup> in obesity among the 50 United States. Opening up

access to medical nutrition therapy services can help rein in spiraling health care costs in Nebraska.

Data show that MNT is linked to improved clinical outcomes and reduced costs related to physician time, medication use and hospital admissions for people with obesity, diabetes, heart disease, cancer, and other chronic conditions.

**The following examples from Nebraska demonstrate how RDs affect the cost of treatment:**

A patient newly diagnosed with Type II Diabetes was referred to an RD for blood sugar control and weight loss. His wife who is a nurse accompanied him to the MNT visits. In four clinic visits with an RD, the patient decreased his A1C (lab marker for blood sugar avg) from 11.8 to 5.4. In nine months, he lost 30 pounds and his wife lost 37 pounds. He was taken off all medications for diabetes. He continues with his lifestyle changes.

Drug nutrient interaction is included in an RDs scope of practice. A patient treated for hypertension was not responding to an elevated dose of medication. After three physician visits, a nutrition consult was ordered. The dietitian's review of the patient's diet and supplement intake indicated that the patient was taking several over the counter herbal remedies that included licorice. Licorice can lead to elevated blood pressure. The patient stopped the supplements and at the next visit, his blood pressure was lower. His blood pressure medications were discontinued and the patient's blood pressure continues to be in the normal range. This is a cost savings of a lifetime of blood pressure medication.

**Some national examples include:**

The University of Virginia reported that an RD led case-management approach to lifestyle care for obese persons with type 2 diabetes can improve weight, waist circumference, quality of life and reduce the use of medications. These results were seen with a minimal annual cost of \$350 per patient.

Improving Control with Activity and Nutrition (ICAN) study compared a modest cost RD led lifestyle intervention with usual medical care for people with diabetes and obesity and found that the RD led intervention reduced the risk of lost work days by 64.3% and the risk of disability days by 87.2%.

The Lewin Group documented an 8.6% reduction in hospital utilization and a 16.9% reduction in physician visits associated with MNT for patients with cardiovascular disease. They also documented a 9.5% reduction in hospital utilization and 23.5% reduction in physician visits when MNT was provided to persons with diabetes.

More examples can be provided from Nebraska and nationally if needed. In closing, on behalf of the RDs in Nebraska, I ask you to look at insurance coverage in a new way—one that shifts from sick care to preventive care, and one that shifts from a short term view to a long term view for Nebraska's health. The design of the essential benefits package needs to be seen as an investment in Nebraska's future. Including medical nutrition therapy services when medically necessary and provided by Registered Dietitians is an important piece of that investment.

Thank you for the opportunity to provide testimony.





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## ***Nutrition is a cost-saving strategy to improve the health of Nebraskans.***

- ❖ All Registered Dietitians who provide "Medical Nutrition Therapy (MNT) (1)" in Nebraska are ***required to be Licensed as Medical Nutrition Therapists (LMNT)***. They are the nutrition experts and provide MNT to treat chronic disease.
- ❖ Four of the top seven leading causes of death in Nebraska (heart, cancer, stroke, diabetes) are affected by nutrition & diet. Over the past 10 years obesity has risen by 75%.
- ❖ Over 60% of chronic disease results from poorly managed nutrition, exercise and lifestyle.
- ❖ MNT provided by an RD/LMNT is a cost effective strategy to treat chronic disease.
- ❖ Keeping a client out of the hospital for one day covers the cost of 15+ visits with an RD/LMNT. Most MNT protocols recommend far fewer visits.
- ❖ **MNT provided by the RD/LMNT is essential for chronic nutrition related diseases/conditions including but not limited to:**

Cancer	Heart Disease & Lipid Disorders
Celiac Disease, Crohn's Disease, IBS	Heart Failure
Chronic Kidney Disease	Hypertension
Chronic Obstructive Pulmonary Disease	Osteoporosis
Diabetes: Pre-diabetes, Type 1 & 2	Spinal Cord Injury
Eating Disorders	Unintended Weight Loss in Older Adults
Gestational Diabetes & High Risk Pregnancy	Weight Management (Adult & Child)

### **Registered Dietitian (RD/LMNT) Services Are Cost Savings.**

#### **Below are a few examples from Nebraska:**

- A patient with cancer who had a bone marrow transplant was not eating well and was experiencing gastro-intestinal (GI) symptoms (diarrhea). The physicians had ordered an entire GI work-up. The RD reviewed the patient's food record and noticed aloe vera juice intake over several days. The RD asked that the GI tests be postponed. In one day without the juice, the patient's symptoms resolved. A savings of \$3500 (cost of endoscopy, pathology, and physician charges).
- Drug nutrient interaction is included an RD's scope of practice. A patient treated for hypertension (high blood pressure) was not responding to elevated doses of medications. After three physician visits, a nutrition consult was ordered. A review of his diet and supplements indicated that the patient was taking several over the counter herbal remedies that included licorice. Licorice can lead to elevated blood pressure. The patient stopped the supplements and at the next visit, his blood pressure was lower. His blood pressure medications were discontinued, and the patient's blood pressure continues to be in the normal range. Savings of a lifetime of blood pressure medications.
- When a patient is discharged from the hospital with a diagnosis of heart failure, Medicare and most insurance companies will not reimburse the hospital if the patient is readmitted within 30 days of discharge. A patient with heart failure was discharged and returned in 10 days with fluid overload due to a high sodium restaurant meal. With this admission, the patient was referred to an RD. With four clinic visits with an RD, the patient has not been readmitted in 5 years. One hospitalization for heart failure ranges from \$5000 to \$12,000.

# Medical Nutrition Therapy

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## MNTWorks

### RDs Provide Better Health Outcomes

The inclusion of nutrition interventions and counseling, when provided by a registered dietitian as part of a health care team, results in significant improvements in weight and BMI, A1C, blood pressure and serum lipids. The following Grade 1 systematic reviews<sup>1</sup> demonstrate the benefits of RD-provided nutrition services.

#### Overweight/Obesity

Studies show medical nutrition therapy (MNT) provided by a registered dietitian to overweight and obese adults for less than six months yields significant weight losses of approximately one to two pounds per week. MNT provided from six to twelve months yields significant mean weight losses of up to 10% of body weight with maintenance of this weight loss beyond one year.

Overweight/obese individuals, who received medical nutrition therapy (MNT) provided by registered dietitians (an average of 2.6 visits) in addition to an obesity-related health management program that included physician visits, nursing support, education materials and tools, were more likely to achieve clinically significant weight loss than individuals who did not receive MNT. This study demonstrates the health benefits associated with the addition of MNT to a health management program (*Source: American Dietetic Association Food & Nutrition Conference & Expo 2009*).

#### Hypertension

Medical nutrition therapy (MNT) provided by a registered dietitian lowers blood pressure in adults with hypertension. Studies show MNT provided for less than six months leads to significant reductions in blood pressure of approximately five mm Hg for both systolic and diastolic blood pressure. MNT provided from six to twelve months reported similar significant reductions in blood pressure with sustained reductions in blood pressure beyond one year.

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## Diabetes

Studies evaluating the effectiveness of diabetes medical nutrition therapy (MNT) provided over three to six months by a registered dietitian reported reductions in A1C, ranging from 0.25% to 2.9%, depending on the type and duration of diabetes. Multiple studies showed sustained improvements in A1C at twelve months and longer. Improvements in other outcomes were also observed, such as improved lipid profiles, weight management, decreased need for medications and reduced risk for onset and progression of comorbidities.

## Disorders of Lipid Metabolism

Available data from studies on medical nutrition therapy (MNT) provided by a registered dietitian indicate that with two to six planned visits, patients reported 15–22% reduction in total dietary fat (from 32–33% of calories to 25–28% of calories), and 22–36% reduction in saturated fat (from 11–12% of calories to 7–9% of calories). This was accompanied by 6–13% reduction in total plasma cholesterol and 7–14% reduction in LDL-C.

## HIV Infection

Studies regarding medical nutrition therapy (MNT) report improved outcomes related to energy intake and/or symptoms (with or without oral nutritional supplementation) and cardiovascular risk indices especially with increased frequency of visits. Two studies regarding nutritional counseling (non-MNT) also report improved outcomes related to weight gain, CD4 count and quality of life.

## Unintended Weight Loss in Older Adults

Studies report that individualized nutrition care, directed by a registered dietitian on the health care team, results in improved outcomes related to increased energy, protein and nutrient intakes, improved nutritional status, improved quality of life and/or weight gain.

## Chronic Kidney Disease

Research related to the time requirements for medical nutrition therapy (MNT) provided by a registered dietitian indicate that approximately two hours per month for up to one year may be required to provide an effective intervention for adults with chronic kidney disease. MNT should be initiated at least twelve months prior to the anticipation of renal replacement therapy (dialysis or transplant). Studies regarding effectiveness of MNT report significant improvements in anthropometric and biochemical measurements sustained greater than or equal to one year.

1. Grade 1 data. ADA Evidence Analysis Library, <http://www.adaevidencelibrary.com/topic.cfm?cat=3949>. Accessed April 15, 2010. [Grade Definitions: Strength of the Evidence for a Conclusion/Recommendation Grade I, "Good" evidence is defined as: "The evidence consists of results from studies of strong design for answering the question addressed. The results are both clinically important and consistent with minor exceptions at most. The results are free of serious doubts about generalizability, bias, and flaws in research design. Studies with negative results have sufficiently large sample sizes to have adequate statistical power."]

# Medical Nutrition Therapy

## MNTWorks

### Frequently Used Codes for Nutrition Services

The medical nutrition therapy (MNT) CPT codes are used by many third party payers, including Medicare. These codes best describe the MNT services that registered dietitians provide to patients.

- 97802** Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes.
- 97803** reassessment and intervention, individual, face-to-face with the patient, each 15 minutes.
- 97804** group (2 or more individual(s)), each 30 minutes.

#### **Additional Codes Used by RDs (refer to CPT book for full code description):**

- G0270** Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen, individual, face-to-face with the patient, each 15 minutes.
- G0271** group (2 or more individual(s)), each 30 minutes.
- G0108** Diabetes outpatient self-management training services, individual, per 30 minutes.
- G0109** Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes.
- 98960–98962** Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family).
- 98966–98968** Telephone assessment and management service provided by a qualified nonphysician health care professional.
- 98969** Online assessment and management service provided by a qualified nonphysician health care professional, internet or electronic communications.
- 99071** Educational supplies, such as books, tapes, and pamphlets, provided by the physician (or other qualified health care professional) for the patient's education at cost to physician.
- 99366 and 99368** Medical team conference, with and without the patient and/or family.



# Medical Nutrition Therapy

## MNTWorks

### Testimonials

*"Five years ago my doctor told me I would be on kidney dialysis in about three months. I contacted a registered dietitian who specialized in diet modification for kidney diseases. She put me on a diet and adjusted it from time to time to slow down the process of kidney failure. I went four years before going on dialysis. Now she keeps my body balanced through nutrition. I can live a normal life. I am active in a community service club, I take long walks, and my wife and I ballroom dance several times a month."*

—Rev. Dr. Jack Nichols, Ph.D.

*"When my daughter was gaining weight more slowly than her twin brother I went straight to my registered dietitian. With her help, we were able to change my daughter's diet and get her weight on the right track. For that, I am eternally grateful and I am happy to report that my daughter has developed into a beautiful, healthy pre-teen."*

—Congresswoman Debbie Wasserman Schultz

*"I have Type I diabetes, and have received counseling from several dietitians regarding my diet and dietary practices. Registered dietitians have played, and continue to play, a significant role in my continuing health and well being; as well as that of America...Dietitians connect the dots between good diet, good choices, and good health."*

—Rear Admiral Kenneth P. Moritsugu, USPHS (Ret) Chairman, The Johnson & Johnson Diabetes Institutes

*"In our practice, registered dietitians promote onsite support for pediatricians. We know that obesity can be treated in the office but not by pediatricians by themselves. To see successful long-term results, there must be an ongoing relationship involving patient, family, pediatrician, dietitian and widespread community support."*

—David Tayloe Jr., past-president of the American Academy of Pediatrics

*"I was originally introduced to my registered dietitian through my primary physician as a result of a less than satisfactory annual physical examination. In addition to weighing in at 232 pounds, I was experiencing ongoing and increased hip and knee joint pain, mild hypertension, steadily rising blood sugars and an elevated cholesterol level. My wife and I contacted my RD shortly thereafter, and my life and health has been better ever since."*

—Michael Giffin, San Diego, CA

*More than 9 in 10 primary care physicians say the U.S. healthcare system should place greater emphasis on nutrition to manage chronic disease.*

—The Role of Nutrition in the Treatment and Management of Chronic Disease: A Survey among Primary Care Physicians. Hart Research Associates, June 2009

# Medical Nutrition Therapy

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## MNTWorks

### The Value of Registered Dietitians

#### Registered Dietitians are NUTRITION EXPERTS

RDs provide vital food and nutrition services, while promoting health and well-being to the public. RDs use their expertise to help individuals make unique, positive lifestyle changes. They work throughout the community in hospitals, private practice, physician offices, public health clinics, nursing homes, fitness centers, worksite wellness programs, schools and other locations.

#### RDs provide MEDICAL NUTRITION THERAPY

RDs are the best qualified health care professionals to deliver nutrition education and medical nutrition therapy (MNT) services for prevention, wellness and disease management. Nutrition services provided by RDs can improve a consumer's health and increase productivity and satisfaction levels through decreased doctor visits, hospitalizations and reduced prescription drug coverage.

#### RDs apply EVIDENCED-BASED PRACTICE

RDs provide care by applying the American Dietetic Association's Evidence-based Nutrition Practice Guidelines. The Guidelines illustrate best practice for MNT related to specific diseases or conditions to achieve positive outcomes.

#### RDs are HIGHLY TRAINED PROFESSIONALS

RDs receive extensive training that combines academic preparation with hands-on, practical patient experience. RDs must complete a minimum of a bachelor's degree, participate in a practice program involving direct patient interaction and pass a national registration exam. Approximately 50% of RDs hold advanced degrees. RDs are also required to complete continuing professional education to maintain their credential.

#### RD Services are integral to the PATIENT-CENTERED MEDICAL HOME

RDs work hand-in-hand with referring providers and multidisciplinary health care team members to deliver care that is coordinated and cost-effective. In addition to providing MNT, RDs address areas such as glucose monitoring and body composition analysis.



# Medical Nutrition Therapy

## MNTWorks

### MNT Providing Return on Investment

Data show that medical nutrition therapy (MNT), involving in-depth individualized nutrition assessment and a duration and frequency of care using the Nutrition Care Process to manage disease, yields positive results. MNT is linked to improved clinical outcomes and reduced costs related to physician time, medication use and hospital admissions for people with obesity, diabetes and disorders of lipid metabolism, as well as other chronic diseases.<sup>1</sup>

University of Virginia School of Medicine<sup>2</sup> reported that an RD case management approach to lifestyle care can improve diverse indicators of health, including weight, waist circumference, health-related quality of life, and use of prescription medications, among obese persons with type 2 diabetes. These results were seen with a minimal cost of \$350 per year per patient.

Diabetes and obesity are associated with elevated rates of lost productivity and disability. In 2007, people with diabetes lost 15 million days of work due to diabetes, costing the U.S. economy approximately \$2.6 billion.<sup>3</sup>

A modest-cost, registered dietitian-led lifestyle intervention provided to people with diabetes and obesity reduced the risk of having lost work days by 64.3% and disability days by 87.2%, compared with those receiving usual medical care. For every dollar an employer invests in the lifestyle modification program for employees with diabetes, the employer would see a return of \$2.67 in productivity.<sup>4</sup>

Massachusetts General Hospital<sup>5</sup> reported that participants receiving group MNT in a 6-month randomized trial had a 6% decrease in total and LDL-cholesterol levels, compared with the group not receiving MNT. The non-MNT group had no reduction in total cholesterol or LDL levels. The study revealed a savings of \$4.28 for each dollar spent on MNT, much less than the cost of statin therapy.

The Lewin Group documented an 8.6% reduction in hospital utilization and 16.9% reduction in physician visits associated with MNT for patients with cardiovascular disease. The group additionally documented a 9.5% reduction in hospital utilization and 23.5% reduction in physician visits when MNT was provided to persons with diabetes mellitus.<sup>6</sup>

Prenatal nutrition programs that target high-risk pregnant women have been shown to improve long-term health outcomes in children, saving at least \$8 for each dollar invested in the program.<sup>7</sup>



1. American Dietetic Association Evidence Analysis Library. *Medical Nutrition Therapy Evidence Analysis Project 2008*. Accessed May 2010. <https://www.aadevidencecentral.org/topic.cfm?cat=3675>.
2. Wolf AM, Conway MR, Crowther JQ, et al. Translating lifestyle intervention to practice in obese patients with type 2 diabetes: Improving Control with Activity and Nutrition (ICAN) study. *Diabetes Care*. 2004;27:1570-6.
3. American Diabetes Association. Economic Costs of Diabetes in the U.S. in 2007. *Diabetes Care*. 2008;31:596-615. [PubMed: 18308683].
4. Wolf AM, Stady MS, Crowther JQ, et al. Translating Lifestyle Intervention on Lost Productivity and Disability: Improving Control with Activity and Nutrition (ICAN). *Occup Environ Med*. 2009 February;51(2):139-145.
5. Delahanty LM, Sonnenberg LM, Hayden D, Nathan DM, Clinical and cost outcomes of medical nutrition therapy for hypercholesterolemia: A controlled trial. *J Am Diet Assoc*. 2001;101:1012-1016.
6. Johnson, Rachel. The Lewin Group — What does it tell us, and why does it matter? *J Am Diet Assoc*. 1999;99:426-427.
7. Duquette MP, Payette H, Moutquin JM, Demmers T, Desrosiers-Choquette J. Validation of a screening tool to identify the nutritionally at-risk pregnancy. *J Obstet Gynaecol Can*. 2008 Jan;30(1):29-37.

# Medical Nutrition Therapy

## MNTWorks

### ADA Evidence-based Nutrition Practice Guidelines

Registered dietitians implement evidence-based practice, along with professional judgment, in order to achieve optimum care and positive nutrition and health outcomes. Utilizing the American Dietetic Association's (ADA) Evidence-based Nutrition Practice Guidelines, RDs make decisions about appropriate medical nutrition therapy (MNT) interventions for specific disease states or conditions.

Several guidelines indicate the length and frequency of MNT visits for a particular disease or condition. For example, referral to a registered dietitian for MNT is recommended whenever an individual has an abnormal lipid profile, or has congestive heart disease. An initial visit lasting 45–90 minutes and at least two to six follow-up visits (30–60 minutes each) can lead to improved dietary pattern; improved lipid profile; reduced plasma total cholesterol, LDL-C, and triglycerides; and improved weight status.<sup>1</sup>

The following ADA nutrition practice guidelines include recommendations that are supported by evidence and describe RD interventions that achieve best outcomes:

Adult Weight Management

Celiac Disease

Chronic Kidney Disease

Chronic Obstructive Pulmonary Disease

Critical Illness

Diabetes Type 1 and 2

Disorders of Lipid Metabolism

Gestational Diabetes

Heart Failure

Hypertension

Oncology

Pediatric Weight Management

Spinal Cord Injury

Unintended Weight Loss in Older Adults

1. American Dietetic Association. Evidence Analysis Library. *Disorders of Lipid Metabolism (DLM) Referral to a Registered Dietitian for Medical Nutrition Therapy (MNT)*. [http://www.adaevidencelibrary.com/template.cfm?template=guide\\_summary&key=229](http://www.adaevidencelibrary.com/template.cfm?template=guide_summary&key=229). Accessed: January 20, 2010.